

**MULTIPLE DEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-372)**

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER EXAMINER'S INTERVIEW		AFTER INTERVIEW AND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5					
TOTAL DEP.	10					
TOTAL CLAIMS	22					

  

	AFTER EXAMINER'S INTERVIEW		AFTER INTERVIEW AND AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				